

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. II.

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No. 12.

INTERNATIONAL MEDICAL CONGRESS.

This learned body, composed of delegates from most of the nations where medicine is pursued as a science, met in Philadelphia, according to appointment, on Monday, the 4th of September; and its exercises, after a prayer by the Bishop of Pennsylvania, were opened by an address of welcome from Dr. Gross, its learned president. Dr. Flint, formerly Professor of the Practice of Medicine in the University of Louisville, now of the Bellevue Medical College, followed in an address reviewing the progress of medicine in the United States during the first century of their existence as a nation. On Tuesday an address on Hygiene and Preventive Medicine was delivered by Dr. Henry J. Bowditch, and one on Medical Chemistry and Toxicology by Dr. Theodore G. Wormley. On Wednesday addresses were delivered by Professor Eve and Dr. J. M. Toner; one on Surgery, the other on Medical Biography. Dr. Theophilus Parvin addressed the Congress on Obstetrics, and Dr. Stanford E. Chaillé on Medical Jurisprudence Thursday. An address on Friday was delivered by Dr. John P. Gray on Mental Hygiene, and one by Dr. Lunsford P. Yandell, sr., on a Hundred Years of Medical Literature in America. The session was closed on Saturday by an address on the Medical Institutions of the United States by Dr. Nathan S. Davis, known to the profession as Father of the American Medical Association. These addresses were all referred to the Committee of Publication, and will appear in the volume of Transactions to be issued by the Congress.

In the afternoon of each day various sec-
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tions met to discuss questions relating to medicine, surgery, biology, dermatology and syphilography, obstetrics, otology, ophthalmology, sanitary science, and mental diseases, which brought out the ablest men of the body on the specialities in which they have become proficient. A report of these discussions will also appear as part of the Transactions. Some of the questions discussed possess great interest; as these, for example: Is typho-malarial fever a special type of fever? Are diphtheritic and pseudo-membranous croup identical? Do the conditions of modern life favor specially the development of nervous diseases? The etiology of epilepsy; Quarantine, with special reference to cholera and yellow fever; Alcohol in its therapeutic relations; and many others. They were discussed with varied ability; and if the remarks made by all the speakers be faithfully reported, the reader of the forthcoming volume will find in it many errors mixed up with the science enunciated, but altogether the discussions of the sections will constitute one of its most attractive features.

Papers were brought to the Congress written in German, Danish, French, Spanish, Italian, modern Greek, Russian, and Japanese; but all were translated into English, in which language they were read and will appear in the Transactions.

The number of delegates registered on Friday was nearly five hundred, and it was supposed that other names would be added the next day. Among the members from abroad were Mr. Davis, Mr. Adams, Mr. Barnes, and Mr. Robert Brudenell Carter, of London; Mr. Simpson and Mr. Lister, of Edinburgh; Mr. Joliffe Tuffnell, of Dublin;

Mr. Leopold Servais, of Belgium; Dr. Semelader, of Austria; Prof. Rudnew, of Russia; Dr. S. Nagayo and Dr. H. Miyake, of Tokio, Japan; Dr. Meleros, of Cuba; Mr. Large, of Denmark; Prof. Hueter, of Griefswald; Dr. Hjort, of Norway; and Dr. R. F. Hudson, of Australia. The foreign delegates took an active part in the discussions, and manifested great interest in the meeting; and notwithstanding the great attraction of the Centennial Exhibition (said to be the most perfect of all the expositions yet made by the nations), the attendance of members was most exemplary; the meetings were full, and a professional zeal was exhibited which augurs well for American medicine.

Altogether, the Congress was successful, and those who were instrumental in originating and organizing it may felicitate themselves on having accomplished a work which will advance the profession in this country. The immediate effect will be beneficial. The Transactions, when published, will form a volume in which will be found the latest representations of medicine in all its departments. It will possess a value in the eyes of the physicians of the present day, but it will have interest especially for those who, a century hence, will be curious to see how medicine stood in America at the close of the first century of our national existence.

Nothing was wanting on the part of the officers of the Congress to make the meetings orderly, decorous, and profitable; and the profession of Philadelphia exerted itself to render the visit of the members to their beautiful city delightful. The hospitality of the physicians and of the citizens was cordial, elegant, and profuse.

The Committee of Publication will, no doubt, have a large edition of the Transactions printed, that the physicians of our country may procure copies of the work.

A PNEUMATIC RAILWAY for the dispatch of messages between Paris and Versailles, just completed, is nearly thirteen miles and a half in length.

THE BOGUS BENEFICIARY IN ILLINOIS.

We gave in a late issue the evidences of enlightenment on the "Beneficiary" scheme which came from Missouri through Colman's Rural World. We present below an Illinois idea upon the same subject, and under the head of Correspondence it will be seen how the matter has penetrated the Texas head. We promised last spring that the show should not proceed another year without license. They are closing on the enemy of decency and progress.

BENEFICIARY (?) SCHOLARSHIPS.

We have received in the past few years, at intervals of about six months, elaborately-worded circulars from E. J. Gaillard, M. D., dean of the faculty of the Louisville (Kentucky) Medical College, in regard to beneficiary scholarships for worthy young men, which we were allowed to name. To say the least there seemed to be something unusual in this wholesale liberality, especially as we saw that all our newspaper cotemporaries were accorded the same privileges, besides many public men. We could not suppose that the number of students allowed on this plan were unlimited, and it looked to us a great deal as if the circulars were sprats to catch whales, which further investigation has resulted in confirming as the truth of the matter. By this method of gratuitous advertising they "take in" a young man on the beneficiary system, calling the amount of the scholarship given \$80, but they manage to have enough extra fees that the student will have to pay for, to make the amount of tuition the same as any first-class medical college, thus acquiring a name for liberality and gratuitous advertising at no expense to themselves. Our New England friends "wear the belt," in sharp practices, according to all preconceived notions, but in tricks and traps in the medical line they must yield the palm to the managers of the Louisville Medical College.

We only speak of this matter as an instance of the many "ways that are dark" contrived by shrewd parties to either swindle a party outright, or else, as above, to obtain advertising free on "charitable thought intent," and yet really to have a plan by which they could obtain the glory without any sacrifice of "shekels."

In conclusion, beware of advertisements from any source that promise to give away or benefit parties with which they have no concern. 'Tis true that there are connected with many of our first-class institutions of learning funds donated by benevolent parties for indigent students, but the number of bene-

ficiaries allowed is limited, and they do not need to advertise for them, as the demand probably exceeds the supply, and certificates of character from unknown officials or newspaper men would not benefit the party interested in the least.—*Nokomis (Ill.) Gazette, Sept. 8.*

Original.

CLINICAL LECTURES.

CLINIC FOR DISEASES OF THE CHEST, UNIVERSITY OF LOUISVILLE.

BY E. R. PALMER, M. D.,

Professor of Physiology and Physical Diagnosis.

[Phonographically reported.]

Gentlemen,—One part of the duties connected with my chair in this university is to instruct you in physical diagnosis. To aid me in the matter, this Clinic for Diseases of the Chest was established. Here every Saturday morning such precepts as I may give you upon this important subject may immediately be impressed upon you by example. You will find that a great number of patients attend this clinic, as they do the others, throughout the year; and I would do them and yourselves but little justice if I attempted to bring them all before you. My plan is to show you such as will illustrate the points I wish to make, and to prescribe for the others at the end of the hour. I can not always be systematic; I can never at any time be thorough; I must be somewhat desultory; but I hope to do this—I will clear out one track from the center to the circumference to-day, and another one from the circumference to the center at another time. I will cross them again and again, so that at the end of the term we shall pretty thoroughly have occupied the whole ground; and those of you who have attended to the lessons carefully will become quite familiar with the important points. I shall always try to be elementary, so that any one who wishes to do so may understand me.

And now to say something in a general way about diagnosis. We have many means at our command by which to make out dis-

ease; but let us chiefly here contrast physical diagnosis from that established by other methods.

The rational signs of disease, as they are called, are such as we get from the patient, by question and answer, by eliciting that part of his personal and family history which may bear upon his malady; as how long sick, the nature and seat of the pain, hereditary tendency, etc.; in fact, by cross-questioning him, just as a lawyer does a witness, to bring out what he knows about the facts of the case.

By physical diagnosis we do not consider the patient as a rational being at all, but interrogate the disease itself as it exists in him by means of our several senses of hearing, seeing, feeling, etc. It is astonishing to what an accuracy this method has been pushed. We have come at length in many cases to interpret the language of disease as well as if it had articulate voice.

The first thing necessary in physical diagnosis is to understand thoroughly the signs of health. Such as the eye considers may be soon comprehended, as form, color, size, and movement; but such as the ear interprets requires practice to acquire familiarity with them. You will best learn them by practicing upon each other. Applying the ear to the healthy chest, you note the sounds which naturally belong there. We are concerned just now with those produced by the lung. The air passing to and fro through the great tubes gives one character of sound; as it enters and emerges from the smaller air-vessels it gives another. These sounds are modified within the limits of health chiefly by age. When we learn them thoroughly we have a point to start from. They may be changed by disease, exaggerated or diminished, or new sounds may be set up. These perverted and adventitious sounds it is the object of physical diagnosis to interpret.

The first step in physical diagnosis is inspection; and it is an all-important one. Frequently disease has a physiognomy which the practiced eye can detect at once. The

general aspect of the patient having been considered, and we wish to examine the chest, it must first be stripped if we wish to be accurate. We see then if it is of a proper shape, if it is symmetrical, if the movements of the thoracic walls are proper; and we examine the back as well as the front. Not infrequently a patient affected with lung-disease may have curvature of the spine.

Next we have palpation, as it is called—a laying-on of hands—not for cure, but for diagnosis. Much may be learned by this. It aids the eye greatly in determining the form and movements of the chest; whether there be proper expansion; whether this be more on one side than the other. At times abnormal secretion within may thus be detected, or the rubbing together of the sides of the pleural sac.

Mensuration is the next thing in order. Instruments have been devised to do this very accurately—as the callipers—but as a general thing the tape-line is depended on. By this we can note the size of the chest in inspiration and expiration, and determine the capacity and degree of expansion in the lungs. If we choose, we can also determine by this method whether or not both sides expand properly. We do this by sewing two tapes together, letting the numbers run the opposite ways. Then fixing accurately the point at which they are joined on the middle line of the back, and bringing the ends around to meet at the middle of the sternum, we note the length of each semi-circumference, and its comparative increase upon inspiration. For instance, the chest measurement we will say is thirty-two inches. The tapes ought each then to mark at the middle of the sternum sixteen inches. (The right side is, however, generally better developed than the left, and its measurement naturally larger.) If upon inspection the right tape marks seventeen inches and the left seventeen and a half at the middle line, we can see the difference in expansion. This is a refinement not often used.

Percussion is to elicit sounds by striking upon the chest-walls. We learn what these

are in health, and how they are modified by disease. To use a somewhat exaggerated simile, we may liken the sounds produced by striking the healthy chest to those brought out by tapping a keg loosely stuffed with shavings; and those produced in the diseased chest by striking the keg either empty or filled with lard. Percussion may be either mediate or immediate; that is, by striking upon some substance placed upon the chest or directly upon its walls. Instruments may be used for the purpose—the hammer and pleximeter—but we generally rely upon the fingers; placing one or more of the left hand upon the thoracic wall, and striking with those of the right hand as we do upon the keys of a piano. Certain precautions are necessary. The impact of the fingers upon the chest must be firm. If any air is admitted beneath them, the sound is modified. The stroke from the right hand must be like that delivered from the clapper of a bell; that is, the striking fingers must be withdrawn immediately after the blow is given. It must also be delivered from the wrist, and not from the elbow or shoulder. It must not be too severe, or it will cause pain. The difference in the sounds brought out by percussion depends entirely upon the relative amount of air imprisoned in the tissues beneath.

Auscultation is practiced by listening to the sounds which are produced within the chest. It again is either mediate or immediate; that is, by listening through an instrument made of several patterns—the stethoscope—or by placing the ear itself to the chest-wall. The chest must be exposed to practice it properly. The crackle of a starched garment greatly obscures the sounds within. Even the hair of the auscultator, if it be long and gets over his ear, may do the same thing. The crepitant râle of pneumonia, for instance, is generally likened to the sound produced by rubbing the hair between the fingers. To save the patient's modesty, and often to protect the physician's ear, the chest may be covered with a soft towel. The nicety of auscultation depends a great

deal upon whether or not the person who practices it possesses what is called a musical ear—one which detects the finer shades of tone. I was amused the other day upon reading an account of what the writer gave as an example of German frugality—the custom of a number of people who attended the opera at Berlin of putting cotton in their ears after the performance was over, as if they wished to retain the sounds they had paid for. It brought to mind the story I heard of the great auscultator of that city, who drove about with immense wads sticking out of his ears at each side, which he only removed when he examined a chest. I do not know whether this rest renders the hearing more acute. One other point in this connection I wish to call your attention to; it is this: the ear which is exposed in auscultation becomes abnormally sensitive, hears every cart which rumbles by, or notes the whispered remarks which may be going on even at the distance of the top benches. You must learn to practice abstraction when you auscultate; concentrate the whole brain-power of your ear on what you are doing, and forget the outer world.

So much by way of preliminary. Let us examine the case before us, and see what we can make out of it.

BRONCHIAL CATARRH.

The child, its mother says, is four years old, and does not present the appearance of being much diseased. Its face is rather bright, its body is well nourished, its chest-walls look quite natural, its breathing is not labored. Percussion gives uniform sounds on either side, and discovers no dullness. This is an important point. It indicates that the parenchyma of the lung is not involved; that there is no solidification of pneumonia present. Whatever trouble it has must be confined to the larger tubes. On auscultation you will note sounds like those produced by blowing soap-suds through a pipe. This is caused by the air rushing through the mucus gathered in the larger tubes. These sounds are distributed generally over the chest, the trouble is bi-lateral, as it is called, and the

râles are best heard behind, where the larger bronchial tubes are situated. The undue quantity of mucus is a foreign body in the lung, and excites the cough. There is no fever. We have here a simple bronchial catarrh—or subacute bronchitis, as it is called—not apt to be dangerous unless occurring in the very young or very old, when the accumulation of mucus may at times stop the ingress of the air. Our remedy in these cases, when the trouble persists and demands interference, is chiefly the muriate of ammonia. As you will see a great deal of this prescribed at the clinic, I may tell you at the outset how it acts. It belongs to the class of stimulating expectorants which cause an increased flow of mucus, and would hardly seem indicated here. But muriate of ammonia produces a rapid exfoliation of diseased epithelium of mucous membrane, and cleanses the part; and from this action we expect it to do good in the present case. Its use should not be too prolonged, otherwise it may itself set up diseased action. The dose for adults is from five to twenty grains; for children, two to five grains. Our recipe will be

R Muriate of ammonia..... ʒi;
 Extract of licorice..... gr. x;
 Syrup of wild cherry..... ʒ i;
 Syrup of ipecac..... ʒ ss;
 Water..... ʒ ss. M.

S. A teaspoonful three or four times a day.

PHTHISIS PULMONALIS.

To contrast with this simple case of bronchial catarrh, I show you a patient now the subject of a disease which is at the very opposite end of the scale. We get from her the following history: She is twenty-four years old. She has had a cough off and on for several years past, which chiefly troubled her in winter. Last April she was obliged to quit work. She has weighed as much as a hundred and thirty pounds; she apparently does not reach a hundred now; though she has a tolerable appetite, she rejects fatty food. Her cough does not trouble her so much during the day, but at night it is very violent, the paroxysms lasting a long time, during which she spits up great quantities

of "corruption." She has not spit blood. Her pulse is over 100; her temperature is 101°.

With such a history as this it is scarcely necessary to make a physical exploration of her chest to determine the name of the disease from which she suffers. This I have, however, carefully done on a previous occasion. You see that the general wasting of her frame is especially noticeable in her chest. The ribs can be easily counted; the clavicles are especially prominent. Below these, and especially on the left side, are unnatural hollows. The shoulder-blades project from the back; they are "winged," as it is called. The heave of the chest-walls is scarcely perceptible. Placing the palms of my hands on the chest-walls in front, I feel much that I have seen. In addition I think I detect more movement on the right side than on the left; and as she coughs I feel the rattle of unnatural secretions within. I percuss her gently (she can not stand much), commencing above the clavicles and going downward, always striking the corresponding regions upon the alternate sides in succession, so as to compare the notes. It must be apparent to all of you that there is a diversity in the sounds elicited; a somewhat loud and hollow tone in the upper region of the left side, a dull thud as we pass downward, while upon the opposite side we have intermediate tones. There is nothing uniform in the sounds, as we had in the last case. Applying my ear to the various spaces, I hear more than I have time to explain to you this morning. Musical sounds here, blowing sounds here, exaggeration of the ordinary sounds here; over only a slight portion of the right side do I detect sounds as they should exist. They are nowhere more evident than those which existed in the case of bronchial catarrh, but they indicate a far graver malady; and one great sign of this danger is the lack of uniformity which exists in all the signs elicited from the opposite sides of the chest. In cases less marked than the one we here examine this is one of our most valuable aids in diagnosis. This

is frequently a unilateral disease; and I need scarcely tell you, gentlemen, that it is a case of advanced consumption, so aptly termed, as it steadily, surely, and thoroughly consumes its victims.

This is the broad diagnosis; but we are able to extend it much further, and tell what ravages it has already committed. We know pretty certainly that lung-tissue is lost here, and a cavity is left; that under the region of this dullness it is solidified, and no more air is admitted into the air-vessels; that double work is forced upon this right lung, as it tells us by its exaggerated breathing; and it indicates also by these moist râles that it too is about to succumb to the disease. Every tone has its name, its explanation, and meaning. Every one shall in time be made clear to you; and I shall also be able to show you how much of the history which she has given us can be connected with the physical state of her lungs. I do not wish to confuse you with too many details at the start, and leave you to consider these outline sketches of simple bronchial catarrh and advanced phthisis.

The woman will be advised to take fresh air and food, with which we rank the linseed oil she is prescribed; exercise short of fatigue, but that is little; and to protect herself from sudden changes. She will be properly watched by our assistants. She is beyond our art to cure, but may be much comforted in her latter days by supporting treatment, anodynes, and kind attention.

Correspondence.

CLINICAL NOTES FROM NEW YORK.

[FROM OUR OWN CORRESPONDENT.]

To the Editors of the Medical News:

My letter shall consist mainly of the history of two cases of pneumo-hydro-thorax which were successfully treated by thoracentesis. Both were treated in the St. Francis Hospital, and were in the service of Dr.

John H. Ripley. The notes I record were kindly furnished me by Dr. N. G. McMasher, the chief of staff to this hospital.

A German, aged 28 years, a silversmith by occupation, was admitted to St. Francis hospital on May 10, 1876. On admission he had a severe cough, with other symptoms of chronic catarrhal pneumonia; great paleness and anorexia, with profuse perspiration in the afternoon. Three days before entering he was taken with a pain in the right side accompanied by shortness of breath. Examination gave unmistakable evidence of pneumo-hydro-thorax of the right side. Metallic tinkling and amphoric respiration were readily recognized as physical signs, while shortness of breath was well marked, and seemed to cause the patient great uneasiness. Succussion cleared up the diagnosis, and careful percussion showed that the liquid extended as much as two inches above the base of the lung, over which space there was a semi-zone of complete flatness. Up to June 6th the patient received no more than expectant treatment, being kept constantly on a tonic of iron and quinine, with cod-liver oil. This date paracentesis thoracis was performed, and eighteen fluid-ounces of fluid given exit. Immediately after the operation the patient was evidently much relieved, and expressed himself as having "more room in his chest." He left his bed on the afternoon of the day of the operation, and has ever since been doing well. He was discharged at his own request on the 10th of August. Cavities of the right lung were suspected, and while in the hospital there was a bronchial catarrh of the left side. In spite of these complications, however, the patient has done exceptionally well, and the lung has been constantly expanding and by degrees filling the pleural cavity. The operation was performed with the trochar and canula a quarter inch in diameter. I should have stated that after admission to the hospital the succussion sound so well marked on entering grew gradually less distinct as the fluid rose in the cavity. On examination pursuant to discharge, the region of complete flatness

extended three and a half inches above the base of the lung, but over the upper two thirds a feeble respiratory murmur was heard.

The second case is a male 25 years of age, a native of Bohemia, admitted June 29th. He is a stone-cutter, and has followed this occupation since his eighteenth year. He represents his family history as good and his own health up to Dec. 1, 1875, as always perfect. About this time he began to be troubled with a cough, which has lasted with varying severity up to the present time. On being asked, however, the patient admitted that previous to the latter date he had frequently ejected sputa loaded with the dust from the stone on which he was at work. Two weeks before admission, toward morning he was taken with great shortness of breath, and at the same time experienced a pain in the left side. When received, dyspnoea was very marked, and on inspection a slight bulging of the left side was observed, together with a prominence of the intercostal spaces above the level of the ribs. Marked dorsal respiration confined to the right side was noticed, the left being almost if not quite stationary. Mensuration gave no decided difference in favor of either side, while an absence of vocal fremitus on the left side was discovered by palpation. Percussion over the upper two thirds of the lung (left side) was tympanitic; over lower third flat, both anteriorly and posteriorly. There was dullness over the infra-clavicular space, occasioned, as it was thought, possibly by the lung compressed upward and anteriorly. Auscultation gave amphoric respiration and metallic tinkling over the upper two thirds of the pleural cavity, but lower than this examination gave negative results. On listening over a point half way between the posterior border of the scapula and the spinous processes, on a level with the middle of the scapula, the amphoric sound was quite distinct, and it is probable that opposite this point the pulmonary orifice opened into the cavity of the thorax. The heart was crowded to the right of the sternum, and its apex beat was one inch to the inner side of the

right nipple, and on a line with the same. The succussion sound was without difficulty obtained, and an easy diagnosis of pneumo-hydro-thorax was made. The water extended probably as high as the angle of the scapula, several inches above the base of the lung. The treatment of the patient was expectant, a ferruginous tonic with cod-liver oil being about the only medicine given. It was decided to remove the fluid by aspiration, which on August 9th was accordingly done. The needle was inserted in the seventh intercostal space, and by careful aspiration eighty fluid-ounces of fluid were removed. The fluid was of a yellowish green color, abundant in albumen, and with a specific gravity of 1.18. There was no faintness whatever during aspiration, the patient being allowed all the brandy and seltzer he desired. After the operation the apex beat of the heart was one inch nearer the sternum and on a line with the nipple. When examined on August 14th the apex beat had moved to about the middle of the sternum, and half an inch above the line of the nipple. On deep inspiration the left side moves nearly as much as the right; and now, where before the operation there was complete dullness, the chest is, on light percussion, dull; on deep, tympanitic. Over the upper third of the lung broncho-vesicular breathing, though distant, is distinct; but lower down the same metallic sound as before the operation still exists. The temperature on admission was 104° , but it gradually fell till on the day of the thoracentesis it was $99\frac{3}{4}^{\circ}$, and after the operation rose to only $100\frac{1}{4}^{\circ}$ in the afternoon. The patient was immediately put upon:

R Infusi digitalis..... 3 ij;
Potassii acetatis..... grs. xx.

M. S. To be given thrice daily. Although great care was taken to place the patient in the most favorable position, still all the fluid was not removed; for immediately after the operation the succussion sound was readily evoked. The sound is still plainly heard, and percussion shows that the liquid is two inches above the level of the base of the

lung. The capacity of the lung is increasing, and the chances are in favor of an ultimate recovery.

In passing through the wards of Bellevue Hospital recently my attention was called to a negro who in an encounter had received, to all appearances at least, a dangerous wound in the abdomen from a razor. The left rectus muscle was partially divided, and the right entirely, so that the transverse colon was exposed to view. The epigastric artery had been divided, and was ligated by the police surgeon. Two smaller branches were tied after his admission to the hospital. The patient has so far (one week after the catastrophe) done well. There are no signs of peritonitis whatever, and the condition of the patient promises a recovery. The man is a negro, and it is said by some of high authority that this race exhibits wonderful vitality under the most adverse circumstances. The fact, so it is stated, was amply verified during our late war. In this case, however, a provident coroner has taken his ante-mortem statement of the affray, and if there be any virtue in prophecy, the Tribune will kill him yet. He has had no medicine save a few doses of morphia.

I witnessed a case of amputation in St. Francis last winter which I think may be of some interest. The patient was seventy years old, and was a lunatic. The foot was two or three times the normal size, and presented two discharging sinuses, one over the scaphoid and the other over the internal cuneiform. The patient's history was unknown; and on account of his enfeebled condition, together with his advanced age, it was feared that surgical interference might precipitate an otherwise more or less remote, but in all probability inevitably fatal termination of the case. Exsection of bone was deemed quite out of the question, and finally amputation at the lower fourth of the leg was decided upon. Prof. Ripley performed the operation, using the double-flap method, and making his flaps of the skin and the subjacent cellular tissue. In spite of the low condition of the patient (diarrhea and

albuminuria), he has come safe through the operation, the leg healing kindly, and his general health all the time improving. The foot was examined after it was removed, and the scaphoid, with the three cuneiform bones, were found of a mottled color, showing evident decay. None of the other bones of the tarsus or metatarsus had been invaded, nor were the malleoli involved. After the amputation the diarrhea was rather persistent, but was finally checked, and then the patient's general health began rapidly to improve. The case is interesting mainly on account of the age of the subject.

The mortality report of this city now shows a falling of fifty per cent since the extremely hot weather of July. The number of deaths for the week ending September 2d is six hundred and ten. At the last meeting of the board of health the East-river slaughter-houses were discussed and decided a nuisance. Truly, "better late than never;" but why were they not two or three months ago looked upon in that light, as they are most certainly to those who live in their vicinity or even half a mile away? If the twelve enterprising butchers who are ordered to stop work on October 1st had received an earlier check, the amount of discomfort and absolute sickness would undoubtedly have been less. Be it said, however, in behalf of the board, that a conference was held on the subject last July, and the butchers were urged to stop their nuisance. The latter protesting that a cessation of their work at that time would involve great sacrifice of their business, it was concluded to let the business survive, and the lives of bulls and of men (which would necessarily pay the penalty of the former's continued existence) be sacrificed in its stead.

No doubt much of the death-rate during the past summer has been due to starvation. Reliable persons who have witnessed the sufferings of the people aver that a considerable per cent of tenement inhabitants are solely without work, and rely on chance for a scanty meal. Many washerwomen, who make a fair living in winter by hard work,

now are without work, because their patrons are in the country. Again, many of the societies which in the cold of winter are wide awake to help the starving and the freezing now feel as if they deserved a vacation. In this way many who are almost helpless are left without provision, and consequently suffer greatly from the want of food, even of the coarsest quality. The lack of delicate nourishment has been still more felt in spite of the efforts of many of the societies to supply such delicacies. The Children's Aid Society has done much in this direction, as I mentioned in a previous letter. The Sanitary Committee of the New York Juvenile Guardian Society, which was specially constituted for this kind of work, has likewise followed in the tracks of the physician, and has contributed much toward completing his work, which without their help would prove ineffectual. The West-side Relief Association also makes a good record. During the past three months over one thousand children have been discharged from their seaside sanitarium cured of their diseases.

NEW YORK.

ELECTRON.

WHICH WILL EXPLAIN ITSELF.

To the Editors of the Medical News:

I send you the accompanying letter and copy of the advertisement alluded to, so that you may see how slick the "phenomenon" manages to get its business done out here. Senator — is a gentleman of good sense, and though deceived by the glitter of the phenomenon's seeming liberality, has taken the precaution, as you see, of referring the matter to persons whom he supposed were posted in such matters. Nothing could be more praiseworthy than for the Senators, Representatives, editors, preachers, and other notables too numerous to mention, to seek for information concerning this most wonderful "phenomenon" of the 19th century, before lending it their support and influence.

It is more than probable that every Senator and Representative of the Texas Legislature has just such a bid to become drummers

for the institution that flaunts its deceitful flummery in the face of the American medical profession. It would be interesting to know how many have had the prudence to refer the matter to medical men in whom they have confidence, as Senator — has done? Trusting that the profession and the public may yet learn the true value of the diplomas that this *double-action mill* is grinding out, I am fraternally yours,

— — —, M. D.

P. S.—You can do what you think proper with the letter of Senator — and copy of advertisement he was induced to write for the benefit, as he supposed, of "some worthy young man." I have returned it with my undisguised opinion of the "phenomenon" and its amazing liberality. If you give publicity to Senator —'s letter, please suppress his name and mine, as I do not feel authorized to set up targets for the torrent of invectives that flows so freely through the pages of the "phenomenon's" organ.

—, Texas, September 8, 1876.

"Drs. — and —, Texas:

"Dear Sirs,—Will you please do me the favor to have the inclosed notice published in the Corsicana Index, or one of the Corsicana papers? One or two insertions will be sufficient, and request the bill forwarded to me. I do not know whether the college is a humbug or not; if you think that it is, do not have the notice published, but return the same to me.

—, Texas, Sept. 7, 1876.

[Copy.]

"NOTICE TO YOUNG MEN OF LIMESTONE, FREESTONE, AND NAVARRO COUNTIES.

"The undersigned Senator from the — Senatorial District desires to find a deserving young man who wishes to obtain a medical education, but is pecuniarily unable to do so.

"I have a beneficiary scholarship in the Louisville (Ky.) Medical College to confer upon some worthy young man in this Senatorial District at the request of the College. Address — — —,

—, Texas."

NOTIFICATIONS as to change of address, etc., should be addressed to the publishers.

Selections.

THE CLIMATE OF COLORADO.

Richard A. Kennedy, M. D., Professor of Surgery in the University of Bishop's College, in the Canada Medical Record for September, publishes his experience in Colorado during the winter of 1875-76, from which we make the following extracts:

GEOGRAPHICAL POSITION.—"By referring to a map of this continent the territory of Colorado will be found to occupy the space between the thirty-seventh and forty-first degrees of north latitude, the center of which being the same degree in which the city of Washington stands. It is in this territory that the Rocky Mountains attain their greatest altitude and width; consequently the average elevation of the surface is much greater than elsewhere on the continent, being over seven thousand feet. By referring again to the map it will be observed that the territory is peculiarly situated, being far distant from any of the great sources of evaporation which supply moisture to the atmosphere. The nearest portion of extensive water-surface is the Gulf of Mexico, eight hundred miles distant; and it is from that surface that the greater part of the rain which falls on the eastern slope of the Rocky Mountains of Colorado is obtained. On the eastern side of this continent the Appalachian chain of mountains, including the Blue Ridge, Alleghany, and Cumberland, form a barrier which withdraws from the atmosphere great quantities of its moisture, and before the air-currents have proceeded westward to within one hundred or two hundred miles of the Rocky Mountains the atmosphere has been deprived of nearly all its watery vapor. This one hundred or two hundred miles constitute the plains, which are sandy, and not very fertile owing to want of moisture, buffalo-grass and sage being about the only vegetable growths."

CLIMATE OF COLORADO.—"As the elevation of the country averages over seven thousand feet, the atmosphere is very light and incapable of retaining as much moisture as at sea-level. At this elevation the pressure of the atmosphere is about eleven pounds to the square inch. It will, therefore, be understood why the climate is so dry and without dewfall at night, and, for the same reason, why it is so warm during the day and cold at night. There being no watery vapors to intercept the sun's rays, the earth's surface is quickly warmed, which as quickly cools by radiation as night sets in. The peculiarity of its climate, therefore, is owing to its latitude, its distance from the sea, the great elevation of its general surface, and to the prevailing dryness of its atmosphere.

"No just estimate can be made of its average temperature. Its surface is so diversified that much will depend on situation; but the mean average may

be generally stated to be several degrees higher than that of Philadelphia for the north, and Baltimore for the south, in the same lines of latitude. Of course, the higher the elevation the colder it will be, and in summer time tourists or invalids remove to higher levels; and as this can be accomplished in a few hours, the invalid can always manage to obtain nearly the same degree of temperature the year round. I have in the morning left warm summer weather, and in a few hours found myself in a bleak and wintry region, exposed to a driving snow-storm. While the general winter temperature is much warmer than the same latitude east, the summer is much cooler, owing to the chilling effect exercised by the proximity of the snowy range.

"It must not be inferred that no rain-fall occurs. In winter more rain falls in the northern than in the southern portions, the former being subject to occasional heavy snow-storms. The rainy season proper occurs in July and August, usually of short duration, and the rain falls in showers and not continuous. The soil is so dry and thirsty that moisture is quickly absorbed."

INFLUENCE OF CLIMATE ON DISEASE.—"Like every other climate, there are conditions which are unfavorable to some forms of disease. In cardiac affections, if the derangement is merely functional, benefit will be derived; but should any organic disease be present, all the symptoms are aggravated, as the heart's action is much increased and exercise can not be well borne.

"Nasal catarrh is another complaint frequently met with, and strangers suffering therefrom nearly always become worse. The lining membrane of the nose is nearly always in a dried state, especially in the warmer valleys of the south. The discomfort is increased at night, so that the mouth involuntarily opens during sleep to breathe. I have often woken up with my tongue as dry as a chip, and been obliged to chew it for some time to get it softened again. The nasal mucus dries so hard that nearly every morning, on blowing the nose to get rid of it, a little blood would follow.

"Children do well, and are seldom troubled with many of the ills which infantile flesh is heir to. Physicians and others have informed me that they have never known children to be troubled with worms. Scrofulous children are especially benefited, and but little trouble is experienced from teething."

PHTHISIS IN COLORADO.—"The increased rarefaction of the atmosphere by removing pressure diminishes the amount of gases in the blood; and this, with the great loss of moisture through the lungs, produces a decided effect on morbid conditions, a more active circulation through the lungs being produced. In relieving certain morbid conditions of the lungs, Colorado is fast acquiring for itself a well-

deserved reputation. From personal observation, I believe, if there is any place where pulmonary consumption can be arrested and cured, it is there. Of course, many seek relief when it is already too late, and leave home and comfort to die in a strange land, and such cases affect the reputation of the climate unjustly. I have seen such cases; one patient came under my care a few days after arrival. On examination both lungs were found to be completely diseased and in a state of softening; and although life, possibly, was prolonged a few weeks, yet I consider it was criminal on the part of the physician who sent him, when there was not sufficient healthy lung left to carry on the functions of respiration. How many enter that country but to die is seen by the great amount of dead bodies carried back east over the different railways. No reasonable man would expect that a climate could put new lungs into a patient, but many act as if they did.

"It is astonishing, however, how some of these advanced cases receive a new lease of life, if there remain the least portion of healthy lung to carry on respiration. The disease appears to receive a check, and remains *in statu quo*. Night-sweats diminish or cease altogether, the cough becomes less troublesome, and expectoration lessens, and the loss by sputa is more than balanced by increased appetite and nutrition.

"I have experience of two such cases. On examining one, no possible hope could be given of even a temporary benefit. There was complete consolidation of the right lung, percussion eliciting universal hepatic dullness, and auscultation failed to detect any air entering beyond the larger bronchi. The chest-wall remained passive on inspiration, and was much flattened. On the left side auscultation revealed bubbling rhonchi over the whole lung, with signs of cavity at the upper part. I did not suppose the patient could have lived a week, yet under the continued application of flying sinapisms, with internal stimulants, the condition became greatly improved, and the right lung recovered its powers to a considerable extent. This case is an illustration of the danger of too sudden a removal from a low to a high altitude in these advanced cases. Here the small portion of healthy lung which remained to the patient was obliged suddenly to increase its action; and being unable to perform the requirements exacted of it, the non-purified blood became stagnated, and being continually augmented by the force of the pulmonary artery, pneumatic congestion resulted. Possibly, if this patient had gradually made his way upward, this condition might not have come on. In such cases it has been found best to travel by wagon over the plains; a tedious process which occupies some weeks, but one which many have tried with benefit.

"The other case which I recall to mind had been

living in Colorado for some years, had entered the country in an advanced stage, and had remained in the same condition ever since, always an invalid, but living with some comfort, and able to take daily exercise and eat well. This man was originally associated with a party of six, who all had come for lung-disease, and at the time was considered the worst off. Some of the party got tired of Colorado, went to California, quickly relapsed, and died there; others tried Florida, with a like result, and he alone was left alive. Since my return I have heard of him. Thinking he was well enough to travel cast on a visit to his friends, he left there; but on arriving at a low altitude, and on his road, death overtook him. Here there is no doubt death was directly due to a change of level. Had he remained, life in all probability would have been still enjoyable for some time.

"How many men have I met, all with the same story! To look at them one could hardly suppose they had been victims of phthisis. No cough or expectoration, good appetites, and bodies well nourished! It seemed impossible that disease had ever attacked them, and that it was impossible for it to return. But case after case has been cited me where the disease in just such persons had broken out afresh on a return to their former eastern homes. In advanced phthisis, where but little lung is left, I should consider the climate of Florida or California better; but if there is a portion of the lung still left, and life sweeter than exile, Colorado is, I think, by all means the best. *Ubi bene, ibi patria*—where it is well with me there is my country—should be the motto of such individuals. If, however, there is a necessity for returning, it would be better for such not to try Colorado, as the structural changes produced in the lung favor a relapse, and accelerate the progress of the disease on a return to a low altitude and moister atmosphere. In incipient phthisis, and where the disease has not progressed to any great extent, there can be no doubt but every benefit will be derived, and in many cases complete restoration to health."

PULMONARY HEMORRHAGES.—"Of all the morbid conditions of the lungs, none receive more benefit than those in which hemorrhage is an urgent symptom, no matter what the cause. I have met with many persons who had suffered from repeated attacks of hemoptysis previous to their residence in Colorado, but in whom there had been no return since. One medical gentleman has tried several times to resume his former position, but each time was forced to return, until now he feels it is useless to run any further risk; and although he has been settled several years in Colorado, there has been no hemoptysis or trouble since. In this case there was strong hereditary predisposition to phthisis.

"It is not impossible, however, for hemoptyses to

occur. I know of one death directly due to it, but the person had imprudently over-exerted himself at a ball, and, strange to say, no attempt was made to arrest the bleeding by remedies. Other cases are reported, but all might have avoided its occurrence by ordinary precaution. Why hemoptysis should be benefited I am at a loss to understand, unless it is because there is lessened arterial tension, a smaller quantity of blood circulating through the arteries and more through the veins of the lungs, as other forms of hemorrhage are not easily arrested at high altitudes. I have been told that miners working on Mt. Lincoln, about fourteen thousand feet elevation, when severely wounded must be removed to a lower altitude before bleeding can be effectually arrested."

ASTHMA.—"Asthma, when not depending upon inflammatory conditions of the bronchi, is invariably relieved, but the precise elevation required varies in different cases. I was consulted by a Canadian, shortly after his arrival, who had long been troubled with asthma and chronic bronchitis; it was for relief of the cough that advice was sought. I saw him but once, as he left for one of the higher valleys to live with some friends. There he was laid up for two months with acute articular rheumatism. On his return to Cañon, he again consulted me, the asthma very much increased and distressing. A more careful examination showed extensive emphysema of the lungs, which had no doubt become very much aggravated by altitude and persistent bronchitis. If this condition had been recognized before being recommended to try Colorado, and the effect of altitude on the disease understood, much useless suffering and injury might have been avoided. Bronchitic affections are generally somewhat aggravated at first, but subsequently become entirely cured; even old chronic cases that have existed for years are permanently benefited. The morbid conditions mentioned are those chiefly benefited, but restoration to health occurs more rapidly in this invigorating climate than in other places in constitutions broken down by debility or dissipation, and especially after exhaustive fevers."

INFORMATION FOR INVALIDS.—"In Colorado good hotels are found at all points; terms, \$2.50 to \$3 per day if transient, \$12 to \$15 per week if permanent. Good private board can be obtained for \$9 per week, and possibly less. I would suggest, if leaving in the fall, going direct to Cañon City, and winter there; and if returning in May (earlier is not advisable), to return by way of Colorado Springs and Denver. By so doing the chief places of interest can be visited, and the tourist will see a great deal of the country and much magnificent scenery. Such clothing should be taken as is worn in Canada during the fall, especially under-flannels and over-clothes. The latter will seldom be required, but there are occasions in which they will be, especially in traveling."